Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME	Safeguard Security & O	Communications, Inc.	
ADDRESS			
7501 Avenger Wav.	Suite B		
CITY			
Santa Fe			
STATE			
NM			
ZIP CODE 87507			
PHONE 505-474-7380	FAX 505	5-474-7354	
EMAIL: pdcrews@safeguardse	ecurity.com		
	TION WORK (Check all		
☐ Site Work ☐ Structural ☐ Carpet ☐ Mechanical	□ Demolition □ Steel Fencing □ Roofing □ Clean Room	General Contractor □Exterior Utilities □ Masonry □ Building □ Fire Protection n Systems, Access Control	☐ Paint ☐ Mechanical (HVAC/Plumbing) ☐ Electrical ☐ Nuclear Facility
COMPANY PROFIL: How many years has you 44 years	E: ur organization been in a	business as a construction of	contractor? der its present business name?
Under what former nam Safeguard Security Se	nes has your organization ervices, Inc.	operated?	
List the names and titles qualifications. John R. Jennings – Cl Michael Bradley – Pro Michael Cain – Vice I	EO esident	f your organization, years w	ith firm, educational training and

List the categories of work that your organiza	ation normally performs y	with its company personal	
Security System Installation and Maintenar		vitil its company personal.	
Fire Alarm System Installation and Mainten			
Intercom & CCTV System Installation and			
Audio/Video Installation and Maintenance	- Ivianitonano		
Tració, Video insulation una mantenario			
List the major projects your organization has amount, date/expected completion, percentag			owner, contact
The Esplanade, \$1.5 million, 01/2003, 1009			
Lonetree Community College, \$378,000, 0	1/2002, 100% of contract		
Cesar Chavez H.S., \$800,000, 06/2002, 100	0% of contract		
Renaissance Luxury Suites, \$400,000, 02/2			
List your Trade References			_
The Esplanade			
Lonetree Community College			
Cesar Chavez H.S.			
Renaissance Luxury Suites			
List your Surety company or your banking af	filiates		
Capital Indemnity			
Wells Fargo Bank			
What is your organization's current bonding	rate?		
Single_\$400,000	Aggregate\$1,000,000	<u> </u>	
Has your firm entered into a contract that had	l to be completed by you	curaty within the neet five	vanra?
Tras your firm entered into a contract that had	i to be completed by your	surety within the past five	years!
Yes □ No □x			
List your Contractor's New Mexico license c	lassification(s):		
ES03, ES07, License #87397	idssification(s).		
E505, E507, Electise #07557			
Safety History:			
List your firm's: Workmen's comp	ensation Experience Mod	diffication Rate (FMR). Tota	ıl recordable
Injury/Illness case rate, and Lost wo			
previous three year period.	J	1 \	,
EMR	N/A	N/A	
Injury/Illness	N/A	N/A	-
Injury/Illness Lost Workday	N/A	N/A	-
Rate Type: Interstate	, In-Statex	, Monopolistic	_
Insurance Carrier:			
New Mexico Casualty Co.			
What is your firm's North American Industria	al Classification System	(NAICS) code?	

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.									
■ Woman owned	x□ Small Business	☐ Small Disadv	antaged	□ 8(a) □ Large	x□ Veteran				
Disabled Veteran	☐ HUBZone								
Present number of employees									
□ 1-20 □ 21-40	4 1-60	□ 61 − 100	x□ Ove	r 100					
Present number of employ	☐ HUBZone yees		_	.,					